



COMPANION TO THE AUTHORIZATION FOR THE USE AND DISCLOSURE OF HEALTH AND SOCIAL SERVICE INFORMATION

Overview of this Form

This document describes what is on the Authorization for the Use and Disclosure of Health and Social Services Information ("Authorization Form").

The County of Los Angeles Department of Health Services (“DHS”) operates a social services and health information exchange to allow your information to be shared among partners in the County’s Community Health and Integrated Programs (CHIP).

CHIP helps people get resources and services to improve their health. It coordinates health-care related assistance and social services support. CHIP includes:

- Whole Person Care Los Angeles
- Housing For Health
- Office of Diversion and Re-entry
- Countywide Benefits Entitlement Services Team (CBEST)
- Correctional Health Services – Care Transitions Unit

Many types of organizations work with CHIP, some as subcontractors, including:

- Health care providers
- Mental health providers
- Substance Use Disorder providers
- Social services providers
- Housing providers
- Health plans
- Those involved with the Justice system
- Legal Providers
- Community groups

These providers serve participants in CHIP. The goal of these programs is to improve your health.

Why do you need to share my information?

- To see if you are eligible for programs or resources
- To enroll you in programs
- To coordinate your care and treatment
- To communicate and work with your treating providers and organizations
- To connect you with social services
- Provide you with services
- To receive payment for services we provide
- To improve and evaluate our programs



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- For reporting purposes
- For other County program activities

Signing the Authorization Form allows CHIP to receive, use and share your information. We only share your information to best help you.

Who can provide my information to the DHS SSHIE for CHIP?

- Your current, past, and future treating providers and organizations, and the California Department of Public Social Services.

Who can use my information?

- Providers working in CHIP and their partners and subcontractors (see above)
- Other providers involved in your care, including:
 - Past provider
 - Current providers
 - Future providers
- DHS SSHIE and other such exchanges operated by or with participation from the County
- CHIP, including CHIP partners and subcontractors, and other organizations that work with CHIP, which are listed in Attachment A.

What are Health Information Exchanges?

- They are electronic systems that allow data sharing.

What information will be shared?

Information about:

- your personal characteristics
- your medical history,
- your mental or physical condition,
- treatment and services you receive, and
- your social service information (including CalFresh, General Relief, CalWorks, Cash Assistance Program for Immigrants, Medi-Cal, and other public benefits that you may apply for).

I am in a justice-involved diversion or re-entry program. What information will you share with my probation officer?

- The only information shared with your probation officer would be your name/identifying information and the date of when you started receiving services.

What form will information be shared in?

- Oral



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- Written
- Electronic

What do I authorize you to do with my information?

- To see if you are eligible for programs or resources
- To enroll you in programs
- To coordinate your care and treatment
- To communicate and work with your other providers
- To connect you with social services
- To receive payment for services we provide
- To improve and evaluate our programs
- For other County program activities

Certain types of health information are more sensitive. You can also allow us to share the following information:

- Information from health care providers about your mental health diagnosis or treatment that is protected under Welfare and Institutions Code § 5328 (excluding psychotherapy notes)
- Information about HIV/AIDS test results
- Information from Substance Use Disorder treatment programs (includes substance use disorder diagnoses and medications, inpatient stays and outpatient visits or residential treatment, provider names and contact information, and names of the treatment programs) that is protected under 42 C.F.R. Part 2 or State law.

If you do not agree to share sensitive information, information may not be available to the CHIP providers and organizations that work with you. Therefore, your participation in CHIP may be limited and in certain cases, you might not receive care coordination services. If you do not have any information in one or more of the categories above, you should check the box anyway, to ensure that your health information may be shared without restrictions.

You may ask for a list of all groups that have received your substance use disorder information.

When does this Authorization Form expire?

- For five years, except that this Authorization will expire for Whole Person Care on December 31, 2021 or the upon the end date of the program, if extended.
- If the Whole Person Care authorization expires, your information will continue to be shared among and between other CHIP programs that you are eligible for or that you participate in.



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How do I change or cancel this Authorization Form?

- You can change or cancel this authorization to share your information at any time.
- Notify your care team member that you want to change or cancel this authorization, or call 844-804-5200.
- A new Authorization Form or revocation form will be completed and signed by you to either change or cancel your information sharing.
- Should you wish to change or cancel your information sharing, the cancellation will not apply to information shared prior to receiving the updated Authorization or cancellation.

When does my cancellation take effect?

- The cancellation takes effect after we receive the revocation form.

What else is important for me to understand?

- Laws allow health care providers to share your health information for certain purposes without your consent. They can share information to:
 - Treat you
 - Get paid
 - Operate programs.

This Authorization does not change the information that may be shared under those laws.

- You may ask us to NOT share some of your sensitive information. You can limit sharing with certain groups. CHIP may not be able to comply with all of your requests.
- When we share your information, it may be re-shared with others.
 - Federal or California privacy laws may not apply to data once it is re-shared.
- Your ability to receive medical services, treatment, or public social services does not depend upon whether you sign the Authorization. If you do not sign the Authorization, CHIP may not be able to share data to coordinate your services, and you may not be able to participate in certain CHIP.
- You have the right to:
 - Get a copy of your health and social services information that is shared through this consent
 - Refuse to sign this authorization form
 - Receive a copy of this authorization form

By signing the Authorization Form, you allow us to receive, use, and share your information as described above.



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Attachment A

CBEST Participant Organizations

Catalyst Foundation
Tarzana Treatment Center
Volunteers of America
St. Joseph's Center
Special Services for Groups
PATH and Lutheran Social Services

Other Organizations with Whom Data May be Shared

U.S. Social Security Administration Disability Determination Services
U.S. Veteran's Administration
California Department of Health Care Services
California Department of Public Social Services
Centers for Medicare and Medicaid Services
LA Homeless Services Authority
LA County Department of Mental Health
LA County Department of Public Health
LA County Department of Children and Family Services
LA County Department of Health Services
LA County Department of Public Social Services
LA Cash Assistance for Immigrants Program (CAPI)
LA County Department of Military and Veterans Affairs